و منه									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									DT-6744 10/766241				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			5					RATE		FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.0		385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			5 minus 20=		• .0			XS 9=			OR	XS18=	0
INDEPENDENT CLAIMS			2 minus 3 =		6		•	X43=			OR	X86=	0.
MU	LTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=			OR	÷290=	O
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL		OR	TOTAL	220	
LAO CLAIMS AS AMENDED - PART II									١		.j -	OTHER	THAN
V	20400	(Column 1)	······································	(Colun	nn 2)	(Column 3)	_	SMALL		NTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 5	Minus	- 2	0	=		XS 9=			OR	XS18=	1
	Independent	· (Minus	*** ·	<u> </u>	=		X43=	1		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			OR	+290=	
							L	TOTA		- l -		TOTAL ADDIT. FEE	
		Α	NDDIT. FE	EL			AUUI I. FEE						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIĞHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	wa.	•	= .		X\$ 9=			OR	X\$18=	
AME	Independent		Minus	***		=	ľ	X43=	1		OR	X86=	
	FIRST PHESE	NTATION OF MU	LTIPLE DEF	ENDEN	CLAIM		ľ	+145=	1		OR	+290=	
									Ë	•	OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	816		=		X\$ 9=			OR	X\$18=	
AME .	Independent	*	Minus	où a		8	1	X43=	T		OR	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								\dagger				
- 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								1		OR	+290=	
!!	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									لسنسا		TOTAL LDDIT. FEE	
T	he "Highest Num	ber Previously Paid	For* (Total or	Independer	nt) is the	highest number	foun	d in the a	ppro ·	opriate box	in colu	ımn 1.	